SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	A Signature	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to: BEKINS VAN & STORAGE COMPANY	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2101 BRUSH STREET OAKLAND, CA 94612	3. Service Type Certified Mail Express N	fail ceipt for Merchandise
003153	☐ Registered ☐ Return Re☐ Insured Mail ☐ C.O.D.	celpt for twelong include
Andrew Control of the Anna	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7009 286 (Transfer from service label)	20 0001 4359 6378	THE STATE OF THE S
PS Form 3811, February 2004 Domestic Re	eturn Receipt	102595-02-M-1540



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577

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7009 2820 0001 4359 6378



BEKINS VAN & STORAGE COMPANY

2101 BRUSH STREE

OAKLAND, CA 9461 NIXIE

0001/21/15

*1605-04340-15-36

ALAMEDA COUNTY HEALTH CARE SERVICES



ENVIRONMENTAL HEALTH DEPARTMENT
OFFICE OF THE DIRECTOR
1131 HARBOR BAY PARKWAY
ALAMEDA, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6378

January 13, 2015

NOTICE OF RESPONSIBILITY

Site Name & Address:

BEKINS

760 22ND ST

OAKLAND, CA 94612

Local ID:

RO0003153

Related ID:

NA

RWQCB ID:

Global ID:

T10000006348

Responsible Party:

BEKINS VAN & STORAGE COMPANY 2101 BRUSH STREET OAKLAND CA 94612 Date First Reported:

10/1/1986

Substance:

8006619, 12034 Multiple Releases

Funding for Oversight: LOPS - LOP State Fund

Multiple RPs?: Yes

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified BEKINS VAN & STORAGE COMPANY as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency, within 20 calendar days of receipt of this notice that identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 341-5808 or telephone (916) 341-5752.

Pursuant to section 25296.10(c)(6) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the designation process.

Please contact your caseworker KAREL DETTERMAN at this office at (510) 567-6708 if you have questions regarding your site.

1/13/15

ARIU LEVI, Director Contract Project Director Date:

Action: Add

Reason: ADD